



CITY OF SOMERVILLE, MASSACHUSETTS
OFFICE OF STRATEGIC PLANNING & COMMUNITY DEVELOPMENT
JOSEPH A. CURTATONE
MAYOR

DIVISION OF INSPECTIONAL SERVICES

BUILDING DEPARTMENT

I, Kelly A Como, as Keeper of the Records for the City of Somerville, Mayors Office of Strategic Planning and Community Development, Inspectional Services Division, hereby certify that the documents herewith are true and accurate copies of documents in the custody of the Inspectional Services Division relative to the following property:

253 WASHINGTON ST.

9 copies

Signed under the pains and penalties of perjury, this 23 day of NOV, 2011.

Kelly A Como
Signature

Kelly A Como
Print Name



DPW • 1 FRANEY RD • SOMERVILLE, MASSACHUSETTS 02145
(617) 625-6600 EXT. 5600 • TTY: (617) 666-0001 • FAX: (617) 666-2624
www.somervillema.gov



CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR
IN ACCORDANCE WITH SECTION 110.0
OF THE MASSACHUSETTS STATE BUILDING CODE
PLEASE TYPE OR PRINT CLEARLY IN INK

125
+ 195
1447-59

CWR 1055

FOR OFFICE USE ONLY
FEE: 149.50
DATE REC'D: 11-18-05
ACCEPTED BY: AB
DATE ISSUED: 11-18-05
DATE DENIED:
PERMIT NO: BR-05-1805

1. LOCATION OF PROPERTY (NO. AND STREET)		253 WASHINGTON ST. MAP 73 BLOCK E LOT 24			
2. NAME AND ADDRESS OF PROPERTY OWNER		HENRY PATTERSON - 648 AVONDALE 11th RD CONCORD, MA 01742-1617 240-56			
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER					
REGISTRATION NUMBER		TELEPHONE			
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER		JOHNSON A. DCEA 1299 COMM. HWY. #16 CONSTITUTION SUPER. LIC. NO. 090658 H.C.C. REG. NO. TELEPHONE 617-777-7721			
5. ZONING DIST. <u>CBD</u>		TYPE OF PERMIT: <input type="checkbox"/> NEW <input type="checkbox"/> REPAIR		<input type="checkbox"/> ADDITION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY <input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER	
6. WARD <u>2</u>		SIGN			
7. CURRENT USE(S)		PROPOSED USE(S)			
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS		USE GROUP			
9. ESTIMATED CONSTRUCTION COST <u>\$975.00</u>					
10. WHAT IS THE CONSTRUCTION TYPE? <u>STEEL TRUSS</u>		PLANS SUBMITTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
11. LOT DIMENSIONS AREA		FRONT YARD		REAR YARD	
12. PROPOSED SETBACKS		FRONT YARD		REAR YARD	
13. HEIGHT OF STRUCTURE (FT.)		TOTAL SQUARE FOOTAGE		NUMBER OF STORIES	
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER					
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, GIVE COMMISSION APPROVAL DATE			
16. WASTE DISPOSAL COMPANY		DISPOSAL SITE ADDRESS			
17. DEMOLITION HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO					

DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION

(DO NOT INDICATE "SEE ATTACHED PLANS." PLEASE BE SPECIFIC)

INSTALL A NEW ONE STORY RESIDENTIAL BUILDING
USING LIGHT STEEL AND WOOD FRAMING.
ROOFING MATERIAL: 160' X 48' X 24' X 16'

ARE THE FOLLOWING INCLUDED?		YES	NO
OCCUPYING STREET OR SIDEWALK		<input type="checkbox"/>	<input checked="" type="checkbox"/>
DUMPSTER ON CITY PROPERTY		<input type="checkbox"/>	<input checked="" type="checkbox"/>
ELECTRICAL		<input type="checkbox"/>	<input checked="" type="checkbox"/>
PLUMBING GAS/FITTING		<input type="checkbox"/>	<input checked="" type="checkbox"/>
HEATING (Mechanical)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
OIL STORAGE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
AIR CONDITIONING		<input type="checkbox"/>	<input checked="" type="checkbox"/>
PUBLIC WATER/SEWER		<input type="checkbox"/>	<input checked="" type="checkbox"/>
FIRE SUPPRESSION (Mechanical)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
FIRE DETECTION		<input type="checkbox"/>	<input checked="" type="checkbox"/>
WOOD BURNING APPLIANCE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
NOTES: 1. REQUIRES SEPARATE PERMIT NOTES: 2. HEAT LOSS INFO REQUIRED NOTES: 3. STAMPED PLAN REQUIRED			

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE

Signature of Owner or Authorized Agent

ROBISON A. DCEA

Print name clearly

1299 COMM. HWY. #16

Street

ALLSTON MA 02134

City State Zip

617-777-7741

Phone number where you can be reached days

APPROVED

Inspectors (Name and Title)

Al Bryant



CITY OF SOMERVILLE DIVISION OF INSPECTIONAL SERVICES

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR
IN ACCORDANCE WITH SECTION 110.0
OF THE MASSACHUSETTS STATE BUILDING CODE
PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY

FEE: 132
DATE REC'D: 11-7-06
ACCEPTED BY: G. E. M. C.
DATE ISSUED: 11-20-06
DATE DENIED:
PERMIT NO.: BP-06-1708

1. LOCATION OF PROPERTY (NO. AND STREET)		233 WASHINGTON ST. MAP 73 BLOCK E LOT 24		
2. NAME AND ADDRESS OF PROPERTY OWNER		HENRY PATTERSON 646 AHMUR SWAC HILL COMMON RD 617-270-5288/742		
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER REGISTRATION NUMBER		TELEPHONE: 617-776-0623		
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER CONST. SUPER. LIC. NO. <u>1017</u> H.I.C. REG. NO. <u>111</u>		ELIZABETH LEFAVOUR 101 SCHOOL #602143 SIGNATURE (REQ'D) <u>Eliz N.</u> TELEPHONE: 617-776-0623		
5. ZONING DIST. <u>CBD</u>	TYPE OF PERMIT: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> SIGN <input type="checkbox"/> REPAIR	<input type="checkbox"/> ADDITION <input type="checkbox"/> DEMOLITION	<input type="checkbox"/> CERTIFICATE OF OCCUPANCY <input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER	
6. WARD <u>2</u>	PROPOSED USE(S) <u>S A M P L E</u>			USE GROUP
7. CURRENT USE(S) <u>BARRIER</u>				
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS <u>1</u>				
9. ESTIMATED CONSTRUCTION COST <u>1600</u>				
10. WHAT IS THE CONSTRUCTION TYPE? <u>PVC</u>				
11. LOT DIMENSIONS AREA		FRONT YARD	REAR YARD	RIGHT SIDE LEFT SIDE
12. PROPOSED SETBACKS		FRONT YARD	REAR YARD	RIGHT SIDE LEFT SIDE
13. HEIGHT OF STRUCTURE (FT.)		TOTAL SQUARE FOOTAGE NUMBER OF STORIES		
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER				
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE COMMISSION APPROVAL DATE				
16. WASTE DISPOSAL COMPANY				
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION (DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)				
<u>SIGN 8 FT W X 4 FT H 10 FT</u> <u>FIXED OVAL</u>				
ARE THE FOLLOWING INCLUDED?				
I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE.				



CITY OF SOMERVILLE
DIVISION OF INSPECTORAL SERVICES
 APPLICATION FOR A PERMIT TO BUILD ALTER/REPAIR
 IN ACCORDANCE WITH SECTION H10.0
 OF THE MASSACHUSETTS STATE BUILDING CODE
 PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY
 FEE: \$423.08
 DATE REC'D: 9-23-08
 ACCEPTED BY: hank
 DATE ISSUED: 9-24-08
 DATE DENIED:
 PERMIT NO: BP08-3281

1. LOCATION OF PROPERTY (NO. AND STREET)		253 Washington St.		MAP <u>T3</u> BLOCK <u>E</u> LOT <u>24</u>
2. NAME AND ADDRESS OF PROPERTY OWNER		CWC INC, Harding Road, Lexington, MA 02420		
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER		<u>N/A</u>		
REGISTRATION NUMBER		TELEPHONE		
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER		TELEPHONE		<u>617-621-2633</u>
CONST. SUPER. LIC. NO.		HIC. REG. NO.		SIGNATURE (REQ'D)
5. ZONING DIST.	<u>C1D</u>	TYPE OF PERMIT:	<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY	
6. WARD	<u>2</u>	<input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION <input checked="" type="checkbox"/> OTHER		
7. CURRENT USE(S)	<u>Retail Store</u>	PROPOSED USE(S)	<u>Store</u>	
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS	<u>1/2</u>	USE GROUP	<u>B</u>	
9. ESTIMATED CONSTRUCTION COST	<u>\$</u>			
10. WHAT IS THE CONSTRUCTION TYPE?	<u>Wood</u>			
11. LOT DIMENSIONS	AREA	FRONT YARD	REAR YARD	RIGHT SIDE LEFT SIDE
12. PROPOSED SETBACKS		FRONT YARD	REAR YARD	RIGHT SIDE LEFT SIDE
13. HEIGHT OF STRUCTURE (FT.)		TOTAL SQUARE FOOTAGE	NUMBER OF STORIES	
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER				
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, GIVE COMMISSION APPROVAL DATE			
16. WASTE DISPOSAL COMPANY	<u>N/A</u>			
DISPOSAL SITE ADDRESS				
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED?	<input type="checkbox"/> YES <input type="checkbox"/> NO			

DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION
 (DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)

Very little change in store layout / new toxic safe for epoxy
 And the environment / paint / clean up will be cleaned up store
 HOPE + HOPE VINTAGE AT 253 Washington St. Somerville MA 02143
 will be a vintage store like home furnishings - linens - mirrors
 DECORATIVE ACCESSORIES, FURNITURE -
 To replace existing windows in front
 SIGN - "Hope + Glory VINTAGE" 4' x 8'
 A stack of 5' high polypropylene bags for a 2' x 3'
 Grand opening THE
 Also, floor boxes 8' x 30' by 1' 1/2

ARE THE FOLLOWING INCLUDED?		YES	NO
OCCUPYING STREET OR SIDEWALK	(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DUMPSTER ON CITY PROPERTY	(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ELECTRICAL	(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PLUMBING GAS/FITTING	(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HEATING (Mechanical)	(1) (2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OIL STORAGE	(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AIR CONDITIONING	(1) (2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PUBLIC WATER/SEWER	(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FIRE SUPPRESSION (Mechanical)	(1) (3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FIRE DETECTION	(3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WOOD BURNING APPLIANCE	(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT
 NOTES: 2. HEAT LOSS INFO REQUIRED
 NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO
 THE BEST OF MY KNOWLEDGE.

Sandra F. Failes
 Signature of Owner or Authorized Agent

SANDRA F. FAILES
 Print name clearly

213 FAIRFIELD ST. CAMBRIDGE, MA. 02138
 PO BOX 400006 1953 MA, MA

Street

Cambridge MA

02140-1968

City State Zip

617-290-2607

Phone number where you can be reached days

APPROVED

Sandra F. Failes
 Inspector's Name and Title





CITY OF SOMERVILLE
DIVISION OF INSPECTORIAL SERVICES
 APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR
 IN ACCORDANCE WITH SECTION 110.0
 OF THE MASSACHUSETTS STATE BUILDING CODE
 PLEASE TYPE OR PRINT CLEARLY IN INK

CK # 5126
 FOR OFFICE USE ONLY
 FEE: 150.00
 DATE REC'D: 11-18-05
 ACCEPTED BY: GENE C
 DATE ISSUED: 12-2-05
 DATE DENIED:
 PERMIT NO: CO 05 495

1. LOCATION OF PROPERTY (NO. AND STREET)	253A WASHINGTON MAP 73 BLOCK E LOT 24		
2. NAME AND ADDRESS OF PROPERTY OWNER	KEPNE'S REALTY TRUST		
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER	510 PATTERSON 648 ANNUSNAC HILL RD. CONCORD MA 01742		
REGISTRATION NUMBER	TELEPHONE		
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER	TELEPHONE		
CONST. SUPER. LIC. NO.	H.I.C. REG. NO.	SIGNATURE (REQ'D)	
5. ZONING DIST: <u>CBD</u>	TYPE OF PERMIT: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION	<input checked="" type="checkbox"/> CERTIFICATE OF OCCUPANCY	
6. WARD <u>2</u>	<input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION	<input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER	
7. CURRENT USE(S) <u>RE ST BAR, CAFE.</u>	PROPOSED USE(S) <u>CHIROPRACTIC OFFICE(B)</u>		
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS	USE GROUP		
9. ESTIMATED CONSTRUCTION COST			
10. WHAT IS THE CONSTRUCTION TYPE? <u>3 B</u>	PLANS SUBMITTED	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
11. LOT DIMENSIONS AREA	FRONT YARD	REAR YARD	RIGHT SIDE LEFT SIDE
12. PROPOSED SETBACKS	FRONT YARD	REAR YARD	RIGHT SIDE LEFT SIDE
13. HEIGHT OF STRUCTURE (FT.)	TOTAL SQUARE FOOTAGE		NUMBER OF STORIES
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER			
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, GIVE COMMISSION APPROVAL DATE		
16. WASTE DISPOSAL COMPANY <u>WSTE MGMT</u>	DISPOSAL SITE ADDRESS <u>N/A</u>		
17. DEMOLITION HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION (DO NOT INDICATE 'SEE ATTACHED PLANS' PLEASE BE SPECIFIC)			
<u>NO CONSTRUCTION REQUIRED - PAINT + DECORATE ONLY, TAKING ONE SIDE OF PREVIOUS DOUBLE STOREFRONT</u>			
<u>CHARLES R 7-504-7490</u>			
<u>520 7.11.7.2.a</u>			

ARE THE FOLLOWING INCLUDED?	YES	NO
OCCUPYING STREET OR SIDEWALK	<input type="checkbox"/> (1)	<input checked="" type="checkbox"/> (1)
DUMPSTER ON CITY PROPERTY	<input type="checkbox"/> (1)	<input checked="" type="checkbox"/> (1)
ELECTRICAL	<input type="checkbox"/> (1)	<input checked="" type="checkbox"/> (1)
PLUMBING GAS/FITTING	<input type="checkbox"/> (1)	<input checked="" type="checkbox"/> (1)
HEATING (Mechanical)	<input type="checkbox"/> (1)	<input checked="" type="checkbox"/> (2)
OIL STORAGE	<input type="checkbox"/> (1)	<input checked="" type="checkbox"/> (1)
AIR CONDITIONING	<input type="checkbox"/> (1)	<input checked="" type="checkbox"/> (2)
PUBLIC WATER/SEWER	<input type="checkbox"/> (1)	<input checked="" type="checkbox"/> (1)
FIRE SUPPRESSION (Mechanical)	<input type="checkbox"/> (1)	<input checked="" type="checkbox"/> (3)
FIRE DETECTION	<input type="checkbox"/> (3)	<input checked="" type="checkbox"/> (3)
WOOD BURNING APPLIANCE	<input type="checkbox"/> (1)	<input checked="" type="checkbox"/> (1)

NOTES: 1. REQUIRES SEPARATE PERMIT
 NOTES: 2. HEAT LOSS INFO REQUIRED
 NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Henry Patterson
 Signature of Owner or Authorized Agent

Henry Patterson PROPR MGR
 Print name clearly

648 ANNUSNAC HILL RD.
 Street

CONCORD MA 01742
 City State Zip

617. 290. 5858
 Phone number where you can be reached days

APPROVED

John Driscoll
 Inspector's Name and Title



CITY OF SOMERVILLE
DIVISION OF INSPECTORAL SERVICES
 APPLICATION FOR A PERMIT TO ENTER & ALTER REPAIR
 IN ACCORDANCE WITH SECTION 110.0
 OF THE MASSACHUSETTS STATE BUILDING CODE
 PLEASE TYPE OR PRINT CLEARLY IN INK

CHECK NO. 111710 \$580.00
 FOR OFFICE USE ONLY
 FEE: 2610.00 CK#
 DATE REC'D: 7/14/11
 ACCEPTED BY: L.W.
 DATE ISSUED: 7-14-11
 DATE DENIED:
 PERMIT NO: BP 11-7738

1. LOCATION OF PROPERTY (NO. AND STREET)		253 WASHINGTON STREET		MAP 73 BLOCK E LOT 24
2. NAME AND ADDRESS OF PROPERTY OWNER		ALBERTO CABRÉ / ANGELINA TECOVICH		
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER		ALBERTO CABRÉ 617.233.4772		
4. REGISTRATION NUMBER		MA 10708	TELEPHONE 617.233.2791	TELEPHONE X 17 6286690
5. CONST. SUPER. LIC. NO.		X 8109	H.I.C. REG. NO. 1599416	SIGNATURE (REQ'D) X D. P. (1)
6. ZONING DIST.		URCA SQUARE	TYPE OF PERMIT:	<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY <input checked="" type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER
7. WARD		3	PROPOSED USE(S)	RESTAURANT
8. CURRENT USE(S)		Business		USE GROUP A-2
9. ESTIMATED CONSTRUCTION COST		\$ 145,000		
10. WHAT IS THE CONSTRUCTION TYPE?		I		<input checked="" type="checkbox"/> PLANS SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO
11. LOT DIMENSIONS		AREA	FRONT YARD	REAR YARD
12. PROPOSED SETBACKS			FRONT YARD	REAR YARD
13. HEIGHT OF STRUCTURE (FT.)		134	TOTAL SQUARE FOOTAGE	1,500 NUMBER OF STORIES
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER				
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE COMMISSION APPROVAL DATE	
16. WASTE DISPOSAL COMPANY		DISPOSAL SITE ADDRESS		
17. DEMOLITION: HAS DEPT. NOTIFICATION FROM BEEN COMPLETED?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION (DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)				
<p>1500 SQFT TENANT FIT OUT OF A NEW RESTAURANT. WORK INCLUDE STRUCTURAL, MEP & ARCHITECTURAL FINISHED WORK. LOWER BASEMENT SLABS, NEW STAIR, KITCHEN, RESTROOMS, GENERAL MILWORK.</p>				
ARE THE FOLLOWING INCLUDED?		YES	NO	I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE.
OCCUPYING STREET OR SIDEWALK		(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Alberto Cabré</i>
DUMPSTER ON CITY PROPERTY		(1) <input checked="" type="checkbox"/>	<input type="checkbox"/>	Signature of Owner or Authorized Agent
ELECTRICAL		(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Alberto Cabré</i>
PLUMBING GAS/FITTING		(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>	Print name clearly
HEATING (Mechanical)		(1) (2) <input type="checkbox"/>	<input checked="" type="checkbox"/>	12 BEAUMONT STREET
OIL STORAGE		(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>	Street
AIR CONDITIONING		(1) (2) <input type="checkbox"/>	<input checked="" type="checkbox"/>	City
PUBLIC WATER/SEWER		(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>	State
FIRE SUPPRESSION (Mechanical)		(1) (2) <input type="checkbox"/>	<input checked="" type="checkbox"/>	Zip
FIRE DELIGATION		(3) <input type="checkbox"/>	<input checked="" type="checkbox"/>	Phone number where you can be reached days
WOOD BURNING APPLIANCE		(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>	
NOTES: 1. REQUIRES SEPARATE PERMIT NOTES: 2. HEAT LOSS INTO REQUIRED NOTES: 3. STAMPED PLAN REQUIRED				

APPROVED *John Brown*
 Inspectors Name and Title



CH 1503

CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES
APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR
IN ACCORDANCE WITH SECTION 110.0
OF THE MASSACHUSETTS STATE BUILDING CODE
PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY
FEE: 25
DATE REC'D: 8-29-05
ACCEPTED BY: 561162
DATE ISSUED: 9-29-05
DATE DENIED:
PERMIT NO.: BP. 05-1514

1. LOCATION OF PROPERTY (NO. AND STREET) <u>253 WASHINGTON ST.</u>		MAP <u>73</u> BLOCK <u>1</u> LOT <u>24</u>
2. NAME AND ADDRESS OF PROPERTY OWNER <u>KEPNES REALTY TRUST</u>		
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER <u>C/O PATTERSON</u>		<u>648 ANNURSNAC HILL RD.</u> <u>CONCORD MA 01742</u>
REGISTRATION NUMBER	TELEPHONE	
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER <u>TOM HOOD</u>		TELEPHONE: <u>617.669.9080</u>
CONST. SUPER. LIC. NO. <u>CS 075293</u>	H.I.C. REG. NO. <u>38 UNION SQ SOMV 02143</u>	SIGNATURE (REQ'D) <u>Thom Hood</u>
5. ZONING DIST. <u>C B D</u>	TYPE OF PERMIT: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY	<input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER
6. WARD <u>2</u>		
7. CURRENT USE(S) <u>RETAIL</u>	PROPOSED USE(S) <u>RETAIL & OFFICE</u>	
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS		USE GROUP <u>B</u>
9. ESTIMATED CONSTRUCTION COST <u>\$1750</u>		
10. WHAT IS THE CONSTRUCTION TYPE? <u>II 3 B</u>		PLANS SUBMITTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
11. LOT DIMENSIONS	AREA	FRONT YARD <input type="checkbox"/> REAR YARD RIGHT SIDE LEFT SIDE
12. PROPOSED SETBACKS		FRONT YARD <input type="checkbox"/> REAR YARD RIGHT SIDE LEFT SIDE
13. HEIGHT OF STRUCTURE (FT.)	TOTAL SQUARE FOOTAGE NUMBER OF STORIES	
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER		
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE COMMISSION APPROVAL DATE		
16. WASTE DISPOSAL COMPANY <u>WASTE MGMT</u>		DISPOSAL SITE ADDRESS <u>N/A</u>
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION (DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)		
<p>* CLOSE 6' OPENING IN CENTER WALL TO RE-DIVIDE DOUBLE STORE INTO TWO STORES, ONE TO BE A CHIROPRACTOR OFFICE AND THE OTHER TO BE A CLOTHING STORE</p> <p>* CONSTRUCT COMMON HALLWAY TO ALLOW ACCESS TO REST ROOM FROM BOTH STORES</p>		
ARE THE FOLLOWING INCLUDED?		
YES NO		I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE. <u>K. D. H.</u>



CK# 1142

CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR
IN ACCORDANCE WITH SECTION 110.0
OF THE MASSACHUSETTS STATE BUILDING CODE
PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY
FEE: 25.00
DATE REC'D: 1-7-04
ACCEPTED BY: A.B.
DATE ISSUED: 1-7-04
DATE DENIED:
PERMIT NO: BP-04-116

1. LOCATION OF PROPERTY (NO. AND STREET)	253A WASHINGTON ST.			MAP <u>73</u> BLOCK <u>E</u> LOT <u>24</u>
2. NAME AND ADDRESS OF PROPERTY OWNER	<u>KEPNES</u>			
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER				
REGISTRATION NUMBER				TELEPHONE
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER	<u>38 Union Sq Somerville</u>			TELEPHONE: <u>617-666-9086</u>
CONST. SUPER. LIC. NO. <u>CS 075293</u>	H.I.C. REG. NO. _____	SIGNATURE (REQ'D) <u>John D. Reaf</u>		
5. ZONING DIST. <u>CBD</u>	TYPE OF PERMIT:	<input type="checkbox"/> NEW	<input type="checkbox"/> ADDITION	<input type="checkbox"/> CERTIFICATE OF OCCUPANCY
6. WARD <u>2</u>		<input type="checkbox"/> REPAIR	<input type="checkbox"/> DEMOLITION	<input checked="" type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER
7. CURRENT USE(S) <u>Restaurant</u>	PROPOSED USE(S) <u>Store + Processing</u>			
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS				USE GROUP
9. ESTIMATED CONSTRUCTION COST <u>50.00</u>				
10. WHAT IS THE CONSTRUCTION TYPE? <u>RB</u>	PLANS SUBMITTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
11. LOT DIMENSIONS AREA	FRONT YARD	REAR YARD	RIGHT SIDE	LEFT SIDE
12. PROPOSED SETBACKS	FRONT YARD	REAR YARD	RIGHT SIDE	LEFT SIDE
13. HEIGHT OF STRUCTURE (FT.)	TOTAL SQUARE FOOTAGE			NUMBER OF STORIES
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER			
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, GIVE COMMISSION APPROVAL DATE			
16. WASTE DISPOSAL COMPANY <u>NA</u>	DISPOSAL SITE ADDRESS			
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION (DO NOT INDICATE "SEE ATTACHED PLANS." PLEASE BE SPECIFIC)				
<u>INSTALL WALL TO DIVIDE EXISTING STORE</u>				
<u>INTO TWO SEPARATE SPACES</u>				
<u>AS PER PLANS ATTACHED</u>				

ARE THE FOLLOWING INCLUDED?

YES NO

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE.



CITY OF SOMERVILLE DIVISION OF INSPECTIONAL SERVICES

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR
IN ACCORDANCE WITH SECTION 110.0
OF THE MASSACHUSETTS STATE BUILDING CODE
PLEASE TYPE OR PRINT CLEARLY IN INK

CK# 2753

FOR OFFICE USE ONLY

FEE: 85.00

DATE REC'D: 1-6-04

ACCEPTED BY: A.B

DATE ISSUED: 1-6-04

DATE DENIED:

PERMIT NO: 18-04-08

1. LOCATION OF PROPERTY (NO. AND STREET)	<u>253 WASHINGTON ST</u> MAP <u>73</u> BLOCK <u>E</u> LOT <u>24</u>		
2. NAME AND ADDRESS OF PROPERTY OWNER	<u>KEPNE'S REALTY TRUST, H. PATTERSON AUTH. AGENT</u>		
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER	<u>72 CHESTNUT ST.</u>		
REGISTRATION NUMBER	TELEPHONE		
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER	<u>AAA SIGNAGE</u> TELEPHONE: <u>781-393-4488</u>		
CONST. SUPER. LIC. NO.	H.I.C. REG. NO.	SIGNATURE (REQ'D) <u>John</u>	
5. ZONING DIST. <u>CB D</u>	TYPE OF PERMIT: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY		
6. WARD <u>2</u>	<input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION <input checked="" type="checkbox"/> OTHER		
7. CURRENT USE(S) <u>VACANT</u>	PROPOSED USE(S) <u>RESTAURANT</u> <u>GROCERY</u>		
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS <u>1/1</u>	USE GROUP		
9. ESTIMATED CONSTRUCTION COST <u>1200.00</u>			
10. WHAT IS THE CONSTRUCTION TYPE?	PLANS SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. LOT DIMENSIONS AREA	FRONT YARD	REAR YARD	RIGHT SIDE LEFT SIDE
12. PROPOSED SETBACKS	FRONT YARD	REAR YARD	RIGHT SIDE LEFT SIDE
13. HEIGHT OF STRUCTURE (FT.) <u>15'</u>	TOTAL SQUARE FOOTAGE <u>450</u>		NUMBER OF STORIES <u>1</u>
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER			
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, GIVE COMMISSION APPROVAL DATE		
16. WASTE DISPOSAL COMPANY	DISPOSAL SITE ADDRESS		
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION (DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)			
<u>SIGN PER ATTACHED DRAWING</u>			
<u>2' X 10' SIGN W/ LIGHTING INSIDE BOX</u>			

ARE THE FOLLOWING INCLUDED?

YES NO

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO
THE BEST OF MY KNOWLEDGE.

AAA SIGNAGE INC.
547 MAIN ST.
MEADFORD, MA 02155



3-4 PM M-F

CITY OF SOMERVILLE
DIVISION OF INSPECTORIAL SERVICES
 APPLICATION FOR A PERMIT TO BUILD ALTER/REPAIR
 IN ACCORDANCE WITH SECTION 110.0
 OF THE MASSACHUSETTS STATE BUILDING CODE
 PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY

FEE: 480

DATE RECD: 7-15-04
 ACCEPTED BY: GEME C.
 DATE ISSUED: 7-15-04
 DATE DENIED:
 PERMIT NO: BP 04 901

1. LOCATION OF PROPERTY (NO. AND STREET)		253 A Washington St		MAP <u>73</u> BLOCK <u>E</u> LOT <u>24</u>
2. NAME AND ADDRESS OF PROPERTY OWNER		CWC Inc 72 Chestnut St. Concord 01742		
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER		Troye Design Partnership		
REGISTRATION NUMBER		TELEPHONE <u>617 522-0718</u>		
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER		J S <u>500-125</u> TELEPHONE <u>522-9200 CWC</u>		
X CONST. SUPER. LIC. NO. <u>612437</u>		H.I.C. REG. NO. <u>11-332</u> SIGNATURE (REQ'D) <u>JM</u>		
5. ZONING DIST.	<u>CBD</u>	TYPE OF PERMIT:	<input type="checkbox"/> NEW	<input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY
6. WARD	<u>3</u>		<input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION	<input checked="" type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER
7. CURRENT USE(S)			PROPOSED USE(S)	<u>entert. store</u>
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS				USE GROUP <u>Y</u>
9. ESTIMATED CONSTRUCTION COST	<u>2000</u>			PLANS SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO
10. WHAT IS THE CONSTRUCTION TYPE?	<u>wood 2 B</u>			
11. LOT DIMENSIONS	AREA	FRONT YARD	REAR YARD	RIGHT SIDE LEFT SIDE
12. PROPOSED SETBACKS		FRONT YARD	REAR YARD	RIGHT SIDE LEFT SIDE
13. HEIGHT OF STRUCTURE (FT.)	TOTAL SQUARE FOOTAGE			NUMBER OF STORIES
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT?	<input type="checkbox"/> YES			<input type="checkbox"/> NO
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER				
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT?	<input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, GIVE COMMISSION APPROVAL DATE
16. WASTE DISPOSAL COMPANY	<u>COP Inc.</u>			DISPOSAL SITE ADDRESS
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION (DO NOT INDICATE SEE ATTACHED PLANS; PLEASE BE SPECIFIC)				
<p>Renov. Existing store space Extension walls 6x6 Existing ceiling 8x10 ft. room new bathroom 6x6 Code. VENT EXHAUSTS FOR bath room 10 wall petitions Carpet new light fixture 6x6 ceiling </p>				

ARE THE FOLLOWING INCLUDED?		YES	NO
X OCCUPYING STREET OR SIDEWALK		<input type="checkbox"/>	<input checked="" type="checkbox"/>
DUMPSTER ON CITY PROPERTY		<input type="checkbox"/>	<input checked="" type="checkbox"/>
ELECTRICAL		<input type="checkbox"/>	<input checked="" type="checkbox"/>
PLUMBING GAS FITTING		<input type="checkbox"/>	<input checked="" type="checkbox"/>
HEATING (Mechanical)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
OIL STORAGE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
AIR CONDITIONING		<input type="checkbox"/>	<input checked="" type="checkbox"/>
PUBLIC WATER/SEWER		<input type="checkbox"/>	<input checked="" type="checkbox"/>
FIRE SUPPRESSION (Mechanical)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
FIRE DETECTION		<input type="checkbox"/>	<input checked="" type="checkbox"/>
WOOD BURNING APPLIANCE		<input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT
 NOTES: 2. HEAT LOSS INFO REQUIRED
 NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO
THE BEST OF MY KNOWLEDGE.

Signature of Owner or Authorized Agent

Print name clearly

Street

City

State

Zip

Phone number where you can be reached day

APPROVED

Brenda Boyton

Inspectors Name and Title